CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

MAR 05 2019

Please type or print in ink.

NAME OF FILER (LAST)

A PUBLIC DOCUMENT

(FIRST)

RECEIVED
WIDDLE)
atewide Jurisdiction)
circle.)
y 1, 2018, through the date of
, through
nge:4

Dia	az Chri	stopher		J.	
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Milpitas, City of		+		
	Division, Board, Department, District, if applicable		Your Posi	tion	
			City At	torney	
	▶ If filing for multiple positions, list below or on an attachment.	(Do not use	acronyms)		
•	Agency:		. Position:		
2.	Jurisdiction of Office (Check at least one box)				
	☐ State		☐ Judge o	or Court Commissioner (St	atewide Jurisdiction)
	Multi-County		☐ County	of	
	⊠ City of Milpitas		Other _		
_	Time of Statement (St. 1, 4) of the bank				
5.	Type of Statement (Check at least one box)		- Landin	g Office: Date Left	
	Annual: The period covered is January 1, 2018, through December 31, 2018.		Leavin	(Check one	
	The period covered is	_, through		e period covered is Janua ving office.	ry 1, 2018, through the date of
	Assuming Office: Date assumed			e period covered ise date of leaving office.	_/, through
	Candidate: Date of Election and c	office sought,	if different than	Part 1:	
4.	Schedule Summary (must complete) ▶ Tota	al number	of pages inc	cluding this cover pa	age:4
	Schedules attached				
	Schedule A-1 - Investments - schedule attached	×	Schedule C -	Income, Loans, & Busines	ss Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	×	Schedule D -	Income - Gifts - schedule	e attached
	Schedule B - Real Property - schedule attached] Schedule E -	Income – Gifts – Travel P	Payments - schedule attached
	or- None - No reportable interests on any sche	dule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	2001 11. Mail Oli 001, Calto 000	Walnut Cre		CA	94596
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	. dia=@bbldow.com	
	(925) 977-3300	I have assis		.diaz@bbklaw.com	cnowledge the information contained
	I have used all reasonable diligence in preparing this statement, herein and in any attached schedules is true and complete. I	acknowledge	this is a public	document.	
	I certify under penalty of perjury under the laws of the Sta	te of Califorr	nia that the for	egoing is trace and corre	ct.
	Date Signed	s	ignature	(Jan	16-
	(month, day, year)		-	(File the originally signed paper s	statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Christopher Diaz

NAME OF BUSINESS ENTITY	NAME OF BUCKIEGO ENTITO
	► NAME OF BUSINESS ENTITY
Best Best & Krieger LLP	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$1,000,000	\$10,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 Some Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
01 . 01 . 10	, , 18 , , 18
01 , 01 , 18, 18	ACQUIRED DISPOSED
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$2,000 - \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000	
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other	\$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other	\$100,001 - \$1,000,000
\$2,000 - \$10,000	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	S100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
\$2,000 - \$10,000	Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: // 18 // 18 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY
\$2,000 - \$10,000	S100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: // 18 // 18 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000	S100,001 - \$1,000,000 ☐ Over \$1,000,000 NATURE OF INVESTMENT ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ☐ / / 18 / / 18 / ACQUIRED DISPOSED NAME OF BUSINESS ENTITY ☐ GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	S100,001 - \$1,000,000 ☐ Over \$1,000,000 NATURE OF INVESTMENT ☐ Stock ☐ Other ☐ (Describe) ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ☐ / / 18 / / 18 / ACQUIRED DISPOSED NAME OF BUSINESS ENTITY ☐ GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Christopher Diaz

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2001 N. Main St., #390, Walnut Creek, CA 94596	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000 .
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property; car, boat, etc.)	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission of Nones most services	
(Describe)	(Describa)
Other	Other(Describe)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	
* You are not required to report loans from a commerci a retail installment or credit card transaction, made in	ial lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real PropertyStreat address
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	_
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
- OAEK \$100'000	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts

NAME OF SOURCE	(Not an Acronym)	► NAME OF SOURCE	(Not an Acronym	7)	
Bob Nunez						
ADDRESS (Business Address Acceptable)			ADDRESS (Business	Address Accepta	able)	
		pitas, CA 95035				
BUSINESS ACTIVIT	Y, IF ANY, OF SO	URCE	BUSINESS ACTIVITY	, IF ANY, OF SC	DURCE	
N/A				***		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
09 / 30 / 18	_{\$} 180	BayMEC Gala		\$	-	
	\$			\$		
	\$			\$		
NAME OF SOURCE	E (Not an Acronyn	1)	► NAME OF SOURCE	(Not an Acronyi	m)	
ADDRESS (Busines	ss Address Accept	able)	ADDRESS (Business	s Address Accep	table)	
BUSINESS ACTIVIT	TY, IF ANY, OF SC	DURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$			\$		
	\$			\$		
	\$			\$		
NAME OF SOURC	E (Not an Acronyi	n)	▶ NAME OF SOURCE	E (Not an Acrony	/m)	
ADDRESS (Busine	ss Address Accep	table)	ADDRESS (Busines	ss Address Accep	otable)	
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF S	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$			\$		
	. \$			\$		
1 /	. \$			\$		

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

e-filed Date Initial Filing Received
Official Use Only

MAR 25 2019

Please type or print in ink.

A PUBLIC DOCUMENT

RECEIVED

NAME OF FILER (LAST)	(FIRST)	(MIDDLE	≣)
Edmonds-Mares	Julie		
1. Office, Agency, o	r Court		
Agency Name (Do not	use acronyms)		
City of Milpitas			
Division, Board, Departn	nent, District, if applicable	Your Position	
		City Manager	
► If filing for multiple p	ositions, list below or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
2. Jurisdiction of C	Office (Check at least one box)		
State	·	☐ Judge or Court Commissioner (Statewide Jurisdiction	1)
		County of	
□ City of Milpitas			
A Oity of			
3. Type of Stateme	nt (Check at least one box)		
	od covered is January 1, 2018, through	Leaving Office: Date Left	
A 11	ır 31, 2018.	(Check one circle.)	ئە ماملە م ل
· ·	od covered is $\frac{03}{\sqrt{05}}$, $\frac{2018}{\sqrt{05}}$, through	The period covered is January 1, 2018, through leaving office.	i the date of
	er 31, 2018.	The period covered is//	through
Assuming Office:	Date assumed/	the date of leaving office.	,
Candidate: Date	of Election and office soug	ight, if different than Part 1:	
4. Schedule Summ	ary (must complete) ► Total numb	ber of pages including this cover page:	
Schedules atta	ched		
Schedule A-1 -	Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - sched	dule attached
☐ Schedule A-2 -	· Investments - schedule attached	Schedule D - Income - Gifts - schedule attached	#b-ad
☐ Schedule B - F	Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule	e attached
or 🖾 Mono Mo	reportable interests on any schedule		
	reportable interests on any somedure		
5. Verification MAILING ADDRESS	STREET CITY	, STATE ZIP CODE	
(Business or Agency Address	s Recommended - Public Document)	0.0005.5444	
455 E Calaveras		S CA 95035-5411	
(408) 586-300			
I have used all reasons	able diligence in preparing this statement. I have not ched schedules is true and complete. I acknowled	reviewed this statement and to the best of my knowledge the information of the province of the statement and to the best of my knowledge the information of the province of th	nation contained
	y of perjury under the laws of the State of Cal		
	3/22/2019	Signature /////////	
Date Signed	(month, day, year)	(File the originally signed paper statement with your filing off	icial.)



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received City Clerk's Office

MAR 3 0 2018

NAM	E OF FILER (LAST)	(FIRST)			R C(NIDDLE) V E D
ED	MONDS-MARES	Julie			
1. (Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	City of Milpitas				
•	Division, Board, Department, District, if applicab	ile	Your F	Position	
			City	Manager	
•	▶ If filing for multiple positions, list below or or	an attachment. (Do not	use acronyms)		
	Agency:		Posit	ion:	
2.	Jurisdiction of Office (Check at least	one box)			
	State	,	☐ Judo	ge or Court Commissioner (Sta	tewide Jurisdiction)
	Multi-County			•	
	- Milnitas				
	X City of			er	
3.	Type of Statement (Check at least on	e box)			ikke iskullet valled maari like saariestoi varvaala senterajin ali kannati kalanda dalatan välieta 1996 kalai Aleedepide 😘
	Annual: The period covered is January 1 December 31, 2017.	•		ving Office: Date Lefteck one)	J
	The period covered is/ December 31, 2017.	through		The period covered is January leaving office.	1, 2017, through the date of
	■ Assuming Office: Date assumed	05 , 2018	0	The period covered is the date of leaving office.	, through
	Candidate: Date of Election	and office sou	ght, if different the	an Part 1:	
4.	Schedule Summary (must compl	ete) ▶ Total numb	ber of pages i	including this cover pag	ge:
	Schedules attached	•	. 0	, ,	,
	Schedule A-1 - Investments – schedule	e attached	Schedule C	: - Income, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments – schedule			- Income – Gifts – schedule a	
	Schedule B - Real Property – schedule	attached	Schedule E	- Income - Gifts - Travel Pay	ments - schedule attached
-O	or-				
	None - No reportable interests on	any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	455 E Calaveras Blvd	Milp	itas	CA	95035
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRE		
	(408) 586-3050		jedmonds	-mares@ci.milpitas.ca.ç	gov
	I have used all reasonable diligence in preparinherein and in any attached schedules is true a				wledge the information contained
	I certify under penalty of perjury under the	laws of the State of Cali	fornia that the fo	pregoing is true and correct.	
	Date Signed 3/30/8 (month, day, year)		Signature	(File the originally signed stateme	nt with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received City Clerk's Office

JAN 09 2018

Please	e type or print in ink.			DEACHTED
NAME C	OF FILER (LAST)	(FIRST)	Historiation State (Massed control (State Andrew And State And And And Andrew And Andrew Andr	ML (MIDDLE) VLD
Pang	gelinan	Steve		
1. Of	fice, Agency, or Court			
	ency Name (Do not use acronyms)			
С	ity of Milpitas			
-	vision, Board, Department, District, if applicable		Your Position	
С	ity Administration		Acting City Manager	
>	If filing for multiple positions, list below or on an attac	hment. (Do not use	acronyms)	
Ą	gency:		_ Position:	
2. J	urisdiction of Office (Check at least one box	;)		
	State	,	☐ Judge or Court Commissione	r (Statewide Jurisdiction)
	_		_	•
	Multi-County		County of	
×	City of Milpitas		Other	
3. Ty	ype of Statement (Check at least one box)		g y gregory er en en grecom Abronium en Arabbo pablicarium en anticom en en Abbo en m	
	Annual: The period covered is January 1, 2017, th December 31, 2017.	rough	Leaving Office: Date Left _ (Check one)	01 /6 2018
	The period covered is/	, through	The period covered is Jaleaving office.	anuary 1, 2017, through the date of
	Assuming Office: Date assumed		- -	through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
<u> </u>	chedule Summary (must complete)	Total number	of pages including this cover	r page:
	chedules attached	- Total number	or pages including this cover	, paye
	Schedule A-1 - Investments – schedule attached	i _] Schedule C - Income, Loans, & Bus	siness Positions – schedule attached
	Schedule A-2 - Investments – schedule attached] Schedule D - Income - Gifts - sche	dule attached
	Schedule B - Real Property – schedule attached] Schedule E - Income - Gifts - Trav	el Payments – schedule attached
-or-	•			•
	None - No reportable interests on any sci	hedule		
5. Ve	erification			
	ALLING ADDRESS STREET usiness or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
•	55 E. Calaveras Blvd.	Milpita	s CA	95035
	AYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(408) 586-3000			
	nave used all reasonable diligence in preparing this staterein and in any attached schedules is true and comple			ny knowledge the information contained
lo	certify under penalty of perjury under the laws of the	he State of Califorr	ia that the foregoing is true and co	rrect.
Da	ate Signed January 9 , 2018	s	ignature	
D.	(month, day, year)	_	· ·	statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.			KEGEIVE
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Thompson	Dianne		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Milpitas			
Division, Board, Department, District, if applicable	е	Your Position	
Administration		Interim City Manager	
► If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)	
Agency:		Position:	
2 Jurisdiction of Office (Charlest Land	and hard		
2. Jurisdiction of Office (Check at least	one box)	Dividuo on Count Commissioner (Ct	-A
State		Judge or Court Commissioner (Sta	,
Multi-County		County of	
☑ City of Milpitas		Other	
3. Type of Statement (Check at least one	hox)		
Annual: The period covered is January 1, December 31, 2017.		Leaving Office: Date Left3	5,2018
-or- The period covered is	, through	 The period covered is Januar leaving office. -or- 	y 1, 2017, through the date of
★ Assuming Office: Date assumed	2 2 , 2018		/, through
Candidate: Date of Election	and office sought, i	f different than Part 1:	
4. Schedule Summary (must comple	ete) ► Total number o	of pages including this cover pa	ge:
Schedules attached			
Schedule A-1 - Investments - schedule		Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Pa	yments – schedule attached
-or- ⊠ None - No reportable interests on	any schedule		
5. Verification	any sonedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docum		0.0	05025
455 E. Calaveras Blvd DAYTIME TELEPHONE NUMBER	Milpitas	E-MAIL ADDRESS	95035
(408) 586-3050		E-WAIL ADDRESS	
I have used all reasonable diligence in preparing herein and in any attached schedules is true are			owledge the information contained
I certify under penalty of perjury under the I	•		
Peta Signed February 14, 2018	-	Dia 11	
Date Signed(month, day, year)	Sig	nature (File the originally signed statem	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	<u>.</u>	(FIRST)			(MIDDLE)	
Fuentes	uentes Wilfredo			City Clerk's Office		
1. Office, Agency,	or Court				oity oloin a office	
Agency Name (Do I	not use acronyms)	***			FEB 01 2019	
City of Milpitas					RECEIVED	
Division, Board, Dep	artment, District, if applicable		Your Position		VEAFIAFD	
Finance			Director of Financial Services			
► If filing for multipl	e positions, list below or on an attachme	ent. (Do not us	e acronyms)			
Agency:			Position:			
2. Jurisdiction of	f Office (Check at least one box)					
☐ State			☐ Judge or Court Commissioner (Statewide Jurisdiction)			
	 Multi-County		County of			
-	✓ City of Milpitas		Other			
🗷 City of			U Other			
3. Type of Stater	ment (Check at least one box)				1.	
3 1	period covered is January 1, 2018, throu	ıah	∠ Leaving Office: Date	Left02	<u></u>	
Decer	mber 31, 2018. 2/4/2019			Check one	circle.)	
-or-	period covered is	, through	O The period covere	d is Januar	y 1, 2018, through the date of	
•	mber 31, 2018.		-or- leaving office.			
Assuming Offi	ce: Date assumed/		The period covered is, through the date of leaving office.			
Candidate: Da	ate of Election a	nd office sought	, if different than Part 1:			
Transportation and a company of the second	не больный распрои постануваться и метора на поточного постаного, по постанувает и предостаную и постаную пост Постанувает постанувает постанувает постанувает постанувает постанувает постанувает постанувает постанувает по	are remarks also in the entire term		and the same of the same of the same of		
•	• •	iotai numbei	r of pages including this	cover pa	ge	
Schedules at	ttacned					
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule C - Income, Business Positions – s						
☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income – Gifts – schedule ☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Pa						
Schedule B	3 - Real Property - schedule attached	~	X-Schedule E - Income - Gills	– ITavei Pa	lyments – schedule attached	
-or- None -	No reportable interests on any s	chedule				
5. Verification	TVO TOPOITABLE INTERESTED OF ATTY O	orrodulo		- 4-2-60 - 11-11-11-11-11-11-11-11-11-11-11-11-1		
MAILING ADDRESS	STREET	CITY	5	STATE	ZIP CODE	
(Business or Agency Ade	dress Recommended - Public Document)			O 1	0.500.5	
455 E Calaver		Milpitas	EMAIL ADDRESS	CA	95035	
(408) 586-3			LIVINE / IDDINESS			
I have used all reas	sonable diligence in preparing this statem attached schedules is true and complete	nent. I have revi	ewed this statement and to the beethis is a public document.	est of my kr	nowledge the information contained	
·	nalty of perjury under the laws of the			and correc	t.	
por	5/1/18		/M/	7		
Date Signed	2/11//		Signature			
	(month, day, year)		(File the originally	signed paper sta	atement with your filing official.)	
				\ /	·	